

ALLERGEN CONTROL PROGRAM WORKSHEET

WISCONSIN DIVISION OF FOOD SAFETY



Firm Name: _____ Inspection date: _____

Firm Address: _____ Firm License #: _____

Inspector: _____

If needed, use a second page to further describe items listed.

Yes No

1. Does the firm have an allergen control program?
2. Are raw ingredient specifications reviewed or verified for formula changes on a regular basis?
3. Are raw ingredients transported and stored to prevent cross contamination?
4. Are raw materials labeled to indicate that they contain an allergen?
5. Does production flow on dedicated lines using dedicated rooms and equipment?
6. Are Allergen Ingredients isolated using equipment lockouts, batch sequencing or wash procedures?
7. Are single service items, such as tray liners, used once and then discarded?
8. Is allergenic ingredient rework added back to "like" items only?
9. Does the finished product label declare all ingredients?
10. Are outdated or obsolete labels discarded?
11. Is there a system in place to trace back all products in the event of a recall?
12. Are standardized procedures for sanitation operations (SSOPs) in use?
13. Is sanitation evaluated for effectiveness through sight, bioluminescence or ELISA testing?
14. Do employees have an understanding of the allergen prevention program?